

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **101568829**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2		1		1			
3	1			1			
4	1			1			
5	4			1			
6	4			1			
7	4			1			
8	1			1			
9	0			1			
10	0			1			
11	0			1			
12	0			1			
13	0			1			
14	1		1				
15	1		1				
16	1		1				
17	1		1				
18	1		1				
19	1		1				
20	1		1				
21	1		1				
22	1		1				
23	4			1			
24	4			1			
25	4			1			
26	0			1			
27	0			1			
28	0			1			
29	6			1			
30	6			1			
31	0			1			
32	1		1				
33	1		1				
34	1		1				
35	1		1				
36	1		1				
37	1		1				
38							
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41							
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43							
44							
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46							
47							
48							
49							
50							
TOTAL IND.	7	↓	7	↓		↓	
TOTAL DEP.	48	←	30	←		←	
TOTAL CLAIMS	55		37				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
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92							
93							
94							
95							
96							
97							
98							
99							
100							
TOTAL IND.		↓		↓		↓	
TOTAL DEP.		←		←		←	
TOTAL CLAIMS							